

Use of this form is limited to reports of minor theft (under \$200) and criminal mischief (under \$500) without a known suspect or evidence.

Reading Police Department Citizen Crime Report

OCA/Case #: _____ - _____ (Official use only) CT _____ UCR CODE: _____

RECORDS USE ONLY

Today's Date: ____/____/____ Current Time: _____ ☐ AM ☐ PM

PLEASE PRINT Your Information:

Last Name: _____ First name: _____ Middle Initial: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ - _____

Phone #: Home (____) ____ - ____ Work (____) ____ - ____ Mobile (____) ____ - ____ Other (____) ____ - ____

E-mail Address: _____

Sex: ☐ Male ☐ Female Race: _____ Ethnicity: _____ (Hispanic or Non-Hispanic)

Victim's Age _____ Date of Birth ____/____/____ Occupation _____

Name of Business (if applicable): _____

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____ - _____

Location Where Crime Occurred: Residence: ☐ Business: ☐ School: ☐ Other _____

Address: _____

Date Crime Occurred: ____/____/____ Time Crime Occurred: _____ ☐ AM ☐ PM

OR

Date/Time Period Crime Occurred: Between ____/____/____ _____ ☐ AM ☐ PM

and ____/____/____ _____ ☐ AM ☐ PM

Status/Condition of Property: (List value of loss or damage estimate below)

DESCRIPTION: _____ Stolen ☐ Damaged ☐

Value: \$ _____ Make _____ Model _____ Serial Number _____

DESCRIPTION: _____ Stolen ☐ Damaged ☐

Value: \$ _____ Make _____ Model _____ Serial Number _____

DESCRIPTION: _____ Stolen ☐ Damaged ☐

Value: \$ _____ Make _____ Model _____ Serial Number _____

Additional property loss can be placed in the narrative portion on page #2 of this report.

WITNESSING OFFICER:

COMPUTER #:

REVIEWING SUPERVISOR:

COMPUTER #:

**CLEAN
ENTRY**

DATE & TIME:

BY WHOM:

MESSAGE #:

**RADIO
G.B.**

DATE & TIME:

BY WHOM:

**RPD
A-23**

(REV: 12/2006)

PROCESSED BY:

Q.C. BY:

E-10 BY:

CLASSIFICATION CHANGED: ☐ NO

YES, TO:

BELOW FOR RECORDS USE ONLY

ENTERED BY:

PROPERTY BY:

SPECIAL
DISTRIBUTION BY:

DAILY
BULLETIN BY:

Make: _____ Model: _____ Color _____ Year: _____

VIN: _____ Registration #: _____ State: _____

Owner's Name: _____ ☐ Male ☐ Female

DOB: _____ Race: _____ Ethnicity: _____ (Hispanic or Non-Hispanic)

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ - _____

AGENT'S TELEPHONE #:

SIGNATURE OF COMPLAINANT: _____ DATE REPORT FILED: ____/____/____

[illegible]

Reading Police Dept. 815 Washington Street, Reading, PA 19601-3690